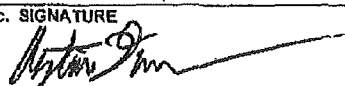


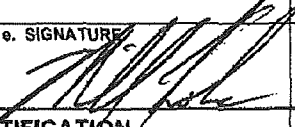




| | | | |
|---|---|--|--|
| 27. NAME (Last, First, Middle Initial) Dunn, Daniel Austin | | 28. SOCIAL SECURITY NUMBER 594-96-1068 | |
| SECTION IV - CERTIFICATION | | | |
| 29. CERTIFICATION OF APPLICANT (Your signature in this block must be witnessed by your recruiter.) | | | |
| a. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document; that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities. | | | |
| b. TYPED OR PRINTED NAME (Last, First, Middle Initial) Dunn, Daniel Austin | | c. SIGNATURE  | |
| | | d. DATE SIGNED (YYYYMMDD) 20100524 | |
| 30. DATA VERIFICATION BY RECRUITER (Enter description of the actual documents used to verify the following items.) | | | |
| a. NAME (X one) | | b. AGE (X one) | |
| X (1) BIRTH CERTIFICATE | | X (1) BIRTH CERTIFICATE | |
| (2) OTHER (Explain) | | (2) OTHER (Explain) | |
| d. SOCIAL SECURITY NUMBER (SSN) (X one) | | e. EDUCATION (X one) | |
| X (1) SSN CARD | | X (1) DIPLOMA | |
| (2) OTHER (Explain) | | (2) OTHER (Explain) | |
| f. OTHER DOCUMENTS USED | | | |
| 31. CERTIFICATION OF WITNESS | | | |
| a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment. | | | |
| b. TYPED OR PRINTED NAME (Last, First, Middle Initial) Ragan, Joshua Kyle | | c. PAY GRADE E5 | d. RECRUITER I.D. 464770259 |
| | | e. SIGNATURE  | f. DATE SIGNED (YYYYMMDD) 20100524 |
| 32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES | | | |
| a. SPECIFIC OPTION/PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service.) (Use clear text English.) K4 6x2 REOP 0151- Administrative Clerk SEE 34 ASN: 20100712 | | | |
| b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 32.a. above and annexes attached to my Enlistment/Reenlistment Document (DD Form 4). | | | c. APPLICANT'S INITIALS  |
| 33. CERTIFICATION OF RECRUITER OR ACCEPTOR | | | |
| a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) Marine Corps and certify that I have not made any promises or guarantees other than those listed in Item 32.a. above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document. | | | |
| b. TYPED OR PRINTED NAME (Last, First, Middle Initial) GYSCT KOLENC, M.J. | | c. PAY GRADE E7 | d. RECRUITER I.D. OR ORGANIZATION X-1308 |
| | | e. SIGNATURE  | f. DATE SIGNED (YYYYMMDD) 20100608 |
| SECTION V - RECERTIFICATION | | | |
| 34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY | | | |
| a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 34" and the correct information is provided below. | | | |
| b. ITEM NUMBER | c. CHANGE REQUIRED | | |
| #18 a | #5 6531 | | |
| #18 u | #538 | | |
| #32 a | K4 6x2 REOP 6531 Aircraft Ordnance Technician | | |
| d. APPLICANT | | | |
| (1) SIGNATURE  | | (2) DATE SIGNED (YYYYMMDD) 20100712 | |
| e. WITNESS | | | |
| (1) TYPED OR PRINTED NAME (Last, First, Middle Initial) GYSct SCHOMERS, M.J. | | (2) RANK/ GRADE | (3) SIGNATURE  |

| | | | |
|---|---------------|--|--|
| 35. NAME (Last, First, Middle Initial) Dunn, Daniel Austin | | 36. SOCIAL SECURITY NUMBER 594-96-1068 | |
| SECTION VI - REMARKS (Specify item(s) being continued by item number. Continue on separate pages if necessary.) | | | |
| <p>LEVEL WAIVER APPROVED ON</p> <p>WAIVER # _____</p> <p>MEPS LIAISON _____</p> <p>*****</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>PARTIAL IST PREPARED ON</p> <p>PU/HANG CRUNCHES</p> <p>MEPS LIAISON _____</p> </div> <div style="width: 48%;"> <p>PARTIAL IST PREPARED ON</p> <p>PU/HANG CRUNCHES</p> <p>MEPS LIAISON _____</p> </div> </div> <p>*****</p> <p>"I HAVE REVIEWED THIS ENLISTMENT PACKAGE FOR ACCURACY AND COMPLETENESS. I FIND THE APPLICANT QUALIFIED FOR PROCESSING AND ENLISTMENT INTO THE UNITED STATES MARINE CORPS."</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 45%;"> <p>Authority to enlist/ship granted by</p> <p><u>E-RS / 630470 / DAE</u></p> <p>Waiver Type Waiver Control # Waiver Code</p> <p>Authority to enlist/ship granted by</p> <p><u>E-RS / 630472 / DCE</u></p> <p>Waiver Type Waiver Control # Waiver Code</p> </div> <div style="width: 45%; text-align: center;"> <p>Authority to enlist/ship granted by</p> <p><u>E-RS / 630490 / FBE</u></p> <p>Waiver Type Waiver Control # Waiver Code</p> </div> </div> <p style="font-size: 1.2em; margin-top: 20px;">Applicant qualified IAW Maradmin 029/10 + Frost Call 008-10.</p> <p style="font-size: 1.2em; margin-top: 10px;">Reserve Interview Conducted on <u>20100708</u></p> | | | |
| Add Remark | | DD FORM 1966/5 YES ATTACHED? (X one) NO <input checked="" type="checkbox"/> | |
| SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS | | | |
| <p>37. NAME CHANGE.</p> <p>If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:</p> | | | |
| a. NAME AS SHOWN ON BIRTH CERTIFICATE | | b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD | |
| <p>c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of _____ by which I am known in the community as a matter of convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.</p> | | | |
| d. APPLICANT | | | |
| (1) SIGNATURE | | (2) DATE SIGNED (YYYYMMDD) | |
| e. WITNESS | | | |
| (1) TYPED OR PRINTED NAME (Last, First, Middle Initial) | (2) PAY GRADE | (3) SIGNATURE | |

ANNEX B

| STATEMENT OF UNDERSTANDING | | | | | |
|--|---|------------------------------|---|---------------------|------------------|
| NO MISTAKES are permitted on this document | | | | | |
| APPLICANT | The applicant must fill out Blocks 1 through 31 (Blocks 1, 4, 4a, are excluded) in their own handwriting, initial each item to indicate understanding, and sign and date the agreement accordingly. Ensure you receive a copy of this document. | | | | |
| MEPS LN/ NCOIC | a) Certify the proper explanation of the agreement to the applicant, b) Certify applicant qualification, c) Certify that OPS MCRISS personnel have assigned a program in MCRISS, d) Ensure the applicant is given and parent/guardian, as applicable, a copy of this agreement at the time of completion. | | | | |
| NAME | 1 Last DUNN | 1a First DANIEL | 1b MI A | 1c SSN: XXX-XX-1068 | 1d Date 20100629 |
| AGREEMENT | | | | | |
| 2 | I understand that this statement of understanding represents the total agreement, and supersedes any other previous agreements, between myself and the United States Marine Corps concerning enlistment guarantees stated within. | | | | 2a Initials DAD |
| 3 | I understand that I am enlisting in the Selected Marine Corps Reserve in the below stated enlistment incentive program listed in Para 4, and can be assigned and trained to serve in the MOS listed in the Occupational Field(s) specified in Para 4b below. I have had the opportunity to review the MOS listed under this option and acknowledge THE SPECIFIC MOS is guaranteed to me under this enlistment option. | | | | 3a Initials DAD |
| MARINE CORPS RESERVE OPTIONAL ENLISTMENT PROGRAM (ROEP) | | | | | |
| 4 | Program Code: ZY | 4a Program Description: ROEP | Military Occupational Field(s) in Option: MOS: 6531 SHORT TITLE: AIRCRAFT ORDNANCE TECHNICIAN RUC: 01130 CITY/STATE: FORT WORTH, TX | | |
| INACTIVE DUTY TRAINING (IDT) TRAINING OBLIGATIONS | | | | | |
| 5a | I understand that I am enlisting in the Marine Corps Reserve, Reserve Optional Enlistment Program (ROEP) for a period of EIGHT (8) YEARS. I understand that for the next FOUR (4) YEARS (KO) SIX (6) YEARS (KA) (line out non applicable years, then circle applicable years & initial selection) following assignment to Initial Active Duty Training (IADT) will be required to satisfactorily participate in drills. Satisfactory participation consists of attendance at and satisfactory performances of 48 scheduled Inactive Duty Training (IDT) periods (usually 1 weekend per month) and not less than 14 days (exclusive of travel time) of Active Duty Training (ADT) during each year of my contract. My remaining obligation will be in an Individual Ready Reserve (IRR) status. | | | | 5a Initials DAD |
| 5b | I will be required to attend IDT and ADT periods as prescribed, and I understand that failure to do so may result in my being ordered to active duty by the Commandant of the Marine Corps for a period of 2 years, less any period of active duty or ADT I may have already served. I also understand that my failure to attend IDT and ADT periods could result in a less than honorable discharge. I understand that while in the SMCR (IDT status), I will not be excused from ADT for the purpose of attending college. | | | | 5b Initials DAD |
| 6 | I acknowledge that the location of my Reserve Unit in block 4b is correct. | | | | 6a Initials DAD |
| 7 | I must request a waiver from the Commanding Officer/Site Commander of my initial Reserve Unit in order to transfer to a different unit prior to completing six consecutive months of IDT's at my initial Reserve Unit. | | | | 7a Initials DAD |
| 8 | I will report to my initial Reserve Unit for scheduled IDT's on the dates and at the times I am ordered to report. | | | | 8a Initials DAD |
| 9 | I must keep my Commanding Officer/Site Commander informed of my current address and phone number at all times. | | | | 9a Initials DAD |
| 10 | If I change my place of domicile, I must join another Marine Reserve unit located within the standard 100-mile radius from my new domicile. | | | | 10a Initials DAD |
| 11 | I realize that during the periods of ADT and during all my scheduled IDT drill periods, I will be subjected to the same disciplinary control and regulations as a member of the Regular Marine Corps. | | | | 11a Initials DAD |
| 12 | I understand that I am expected to maintain the required acceptable standards of dress, hygiene, attitude, decorum, and effort during IDT and ADT periods. | | | | 12a Initials DAD |
| 13 | I was briefed on my future Reserve Unit by the Inspector-Instructor/Commanding Officer/Site Commander or by a command representative (Circle one). Date Interview was conducted (see page DD 1966/4 for interview date): 20100708 | | | | 13a Initials DAD |
| INDIVIDUAL READY RESERVE (IRR) AND RECALL OBLIGATIONS | | | | | |
| 14 | I understand that I am eligible, upon request, for transfer from the SMCR (IDT status) to the IRR following satisfactory completion of my ROEP 4 x 4 or 6 x 2 commitment, which commences on the date of departure from IADT. | | | | 14a Initials DAD |
| 15 | I realize that I will be liable for involuntary recall to active duty in case of national emergency declared by the President of the United States and I may be ordered to active duty (other than for training) for not more than 24 consecutive months. Further, in time of national emergency or war declared by Congress, or when otherwise authorized by law, I may be ordered to active duty (other than for training) for the duration of the national emergency or war and for 6 months thereafter. | | | | 15a Initials DAD |
| APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION | | | | | |
| I understand I must fill out this document truthfully and completely. I further understand that failure to complete any part of this form disqualifies me for a clearance and the incentive program. Finally, I understand that ANY promises made by my recruiter or anyone else, which are not contained in this written agreement are NOT binding on the Marine Corps. | | | | | |
| SIGNATURE | 16 Daniel Austin Dunn | 16a Date 100629 | | | |
| PRINT NAME | 17 Daniel Austin Dunn | | | | |

ANNEX B


MARINE CORPS RESERVE OPTIONAL ENLISTMENT PROGRAM (ROEP) (Page 2)

| | | | | | | | | | | |
|---|--|--------------------------------------|-----|---------------|-----|---|-----|------------------|-----------------------|-----------------------|
| NAME | 1 | LAST DUNN | 1a | FIRST DANIEL | 1b | MID A | 1c | SSN: XXX-XX-1068 | 1d | Date 20100629 |
| INITIAL TRAINING | | | | | | | | | | |
| 18 | I understand that I will be assigned to Marine Corps Recruit Depot training, Marine Corps Combat Training (MCT), and Military Occupational Specialty (MOS) formal schooling within 365 days of enlistment. | 18a | DAD | | | | | | | |
| 19 | I will attend Marine Corps Recruit Depot training first, followed by MCT, and then my MOS formal school. | 19a | DAD | | | | | | | |
| 20 | I understand that following Marine Corps Recruit Depot training, I may receive up to 10 days leave before commencing MCT and MOS formal schooling. The length of my leave may vary, dependent upon coordination of training phases. | 20a | DAD | | | | | | | |
| 21 | The MOS for which I am enlisting for in block 4b has been described to me, and I understand its prerequisite qualifications. | 21a | DAD | | | | | | | |
| 22 | I also realize that after completion of my IADT period that the Marine Corps may assign me to a billet which involves responsibilities quite different from those for which I may receive training in the MOS designated above in block 4b. | 22a | DAD | | | | | | | |
| 23 | I understand that during IADT period of less than three months, I will not be eligible to start Electronic Funds Transfer (EFT) allotment for any financial reason. | 23a | DAD | | | | | | | |
| 24 | I understand that during the IADT, I will be entitled only to pay and allowances which accrue while on IADT. I will not be eligible to receive any special payments or bonuses prior to completion of my initial training. | 24a | DAD | | | | | | | |
| 25 | I realize that if I am disqualified from assignment to a billet requiring this MOS after enlistment, due to discovery of fraudulent enlistment, serious breach of discipline, punishment under the Uniform Code of Military Justice, failure to master the training, or by my failure to maintain necessary qualifications for my MOS, I may be discharged or reassigned another MOS which serves the needs and convenience of the Marine Corps. | 25a | DAD | | | | | | | |
| INCENTIVES AND BONUSES | | | | | | | | | | |
| 26 | I realize that I am only eligible for the Montgomery G.I. Bill Selected Reserve (MGIB-SR) entitlements (which provides for educational assistance) if I have agreed to serve at least 6 years (K4) in the SMCR (IDT status). | 26a | DAD | | | | | | | |
| 27 | I understand that I am not eligible for the Command Recruiter Program and the Permissive Recruiter Assistant Program (PRASP). | 27a | DAD | | | | | | | |
| 28 | I understand that there are no monetary promises being made to me in this Statement Of Understanding (SOU). Any monetary promises will be contained in a separate Statement of Understanding (SOU) entitled Z7 SRIP or Z8 Education Kicker. | 28a | DAD | | | | | | | |
| 29 | I certify that I am NOT on the Incremental Initial Active Duty (IADT or 92 DAY SPLIT Training) program. | 29a | DAD | | | | | | | |
| APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION | | | | | | | | | | |
| This Statement of Understanding and my Application for Enlistment constitutes the entirety of my enlistment agreement with the Marine Corps. I realize that this "Statement of Understanding" will become an attachment to my enlistment contract. I understand that my subsequent changes to this agreement, as required by Executive Order, law, or other regulations, will have the same force and effect as the provisions contained herein. I certify that I have read and understand my duties, responsibilities, and obligations to the Marine Corps and, in consideration for the benefits I hope to derive from my enlistment agree to the terms outlined above. Finally, I understand that ANY promises made by my recruiter or anyone else, which are not contained in this written agreement are NOT binding on the Marine Corps. | | | | | | | | | | |
| SIGNATURE | 30 | Daniel Austin Dunn | | | | | | | | Date 100629 |
| PRINT NAME | 31 | Daniel Austin Dunn | | | | | | | | |
| MEPS LIAISON CERTIFICATION | | | | | | | | | | |
| I understand that I am responsible for ensuring the applicant fully understands this Reserve Optional Enlistment Program (ROEP) SOU. I further acknowledge that as the MEPS Liaison I have screened this applicant for the program and is fully qualified IAW MCO 1130.53, Encl 6 & Para 5 above, or a MCRC level Enlistment Incentive Option Criteria Waiver has been approved in MCRISS, and a valid MCROC program in MCRISS. Lastly, I have ensured that no other promises (written or verbal) have been made to this applicant other than that stated here in the SOU. | | | | | | | | | | |
| PRINT NAME | 32 | LAST Schomero | 32a | FIRST Michael | 32b | MID J | 32c | SSN XXX-XX-3223 | Date 100629 | |
| SIGNATURE | 33 | [Signature] | | | | | | | | |
| QUOTA | 34 | Quota Sequence Number Assigned (QSN) | | | | Name and Billet of person providing QSN | | | | |
| SEQUENCE NUMBER | | 201006761 | | | | Maj. Comaux ops Chief | | | | |

STATEMENT OF UNDERSTANDING

MARINE CORPS POLICY CONCERNING ILLEGAL USE OF DRUGS

1. Purpose. The purpose of this document is to make sure that you completely understand the Marine Corps Policy on the illegal use of drugs.
2. Policy. The illegal distribution, possession or use of drugs is not tolerated in the United States Marine Corps. Furthermore, each instance of illegal drug use by a Marine makes that Marine unfit for duty and a risk to the safety of fellow Marines.
3. Certification. I certify that I completely understand the Marine Corps policy on the illegal use of drugs. I understand that I will be screened for alcohol and given a urinalysis test for drugs during my initial MEPS physical, and given a urinalysis test for drugs within 24 hours of my arrival at recruit training. I understand that if I test positive for drugs or alcohol at the MEPS, I will be disqualified for enlistment. I understand that if I test positive on the urinalysis at MCRD that I will be subject to an administrative discharge from the Marine Corps and possibly to courts-martial. I understand that once I enlist into the Delayed Entry Program (or SMCR awaiting IADT) any illegal use of drugs may adversely affect my ability to commence active duty for training, to obtain an enlistment program, or bonus.


 (Applicant's signature)

20100525

(Date)

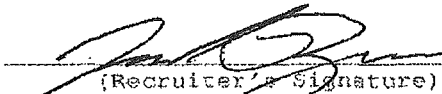
Dunn, Daniel Austin

594-96-1068

(Applicant's Printed Name)

(Social Security Number)

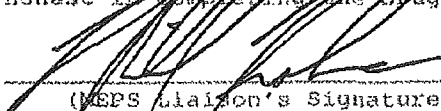
4. Recruiter Verification. I certify that I have completely explained the Marine Corps policy on the illegal use of drugs to the above named applicant and advised Dunn, Daniel Austin to be thoroughly honest in completing the Drug Abuse Screening Form.


 (Recruiter's Signature)

20100525

(Date)

5. MEPS Liaison Verification. I certify that I have completely explained the Marine Corps policy on the illegal use of drugs to the above named applicant and advised Dunn, Daniel Austin to be thoroughly honest in completing the Drug Abuse Screening Form.


 (MEPS Liaison's Signature)

20100525

(Date)

ANNEX A

DATA REQUIRED BY THE PRIVACY ACT OF 1974
(5 U. S. C. 552A)

PART A GENERAL

The Marine Corps uses a variety of forms in administering matters related to the individual Marine. Forms are necessary for enlistment and reenlistment, evaluating performance, applying for training and assignments, granting leave, disciplinary action, administering pay, and other purposes. In some instances, these forms involve the collection of personal information from the individual Marine. Information such as home address and telephone number, names and other information on dependents, preference for duty, address on leave, and the individual's Social Security Number are illustrative of the information asked for on forms.

The Privacy Act of 1974 requires that you be informed of the authority, purposes, uses, and effects of not providing information when it is requested from you. In order to eliminate the need for issuing an individual statement each time information is requested from you about matters such as those described, this statement serves as a one-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms related to your personnel and pay records are used. If you desire more information about a specific form when it is used, your commanding officer will provide such information upon request.

Pursuant to the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503), information furnished may or will be subject to verification by computer matching (internally or with another specific agency). The match may be necessary to verify accuracy of data, and to uncover waste, fraud, or abuse in Federal Programs.

PART B - INFORMATION TO BE FURNISHED TO INDIVIDUAL

1. AUTHORITY

Title 5, U.S. Code, Section 301, is the basic authority for maintaining personnel and pay records. Use of Social Security Number as a means of personal identification is authorized by Executive Order 9397 of 23 November 1943.

2. PRINCIPAL PURPOSES

The basic purposes of personnel and pay records are to enable officials and employees of the Marine Corps to efficiently manage personnel resources; to administer pay and allowances; to screen and select individuals for promotion; to provide educational and training programs; to administer appeals, grievances, discipline, litigation, investigations, and adjudication of claims; to administer benefits and entitlements; and to manage retirement and veterans affairs programs. Further information about the purposes and uses of information being requested from can be obtained by consulting the applicable description for system such as the following:

| SYSTEM DESCRIPTION | SYSTEM NUMBER |
|--|---------------|
| Marine Corps Military Personnel Records System | MMN 00006 |
| Bond and Allotment System | MFD 00004 |
| Joint Uniform Military Pay System/Manpower Management System | MFD 00003 |

3. ROUTINE USES

Information included in personnel and pay records is used by officials and employees of the Marine Corps in the execution of their official duties. The information is also used under certain conditions by officials and employees elsewhere in the Department of Defense; by other Federal agencies such as the General Accounting Office; Office of Personnel Management; Veterans Administration; the Federal Bureau of Investigation and other Federal, state, and local law enforcement authorities; and the General Services Administration. Information is also furnished to Congressional sources. Your Social Security Number is used as a means of personal identification.

4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

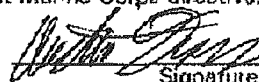
Disclosure of information required on forms related to personnel and pay records is mandatory. An individual may, at his or her option, elect not to apply for benefits and services to which entitled (leave, registration of allotments, etc.) but once the individual has made the decision to apply for such benefits the disclosure of information on related forms becomes a mandatory action. Failure to provide requested information could have the effect of denying certain benefits and would hamper the efficient management of an individual's career while in the Marine Corps. Disclosure of your Social Security Number is mandatory.

PART C - STATEMENT OF UNDERSTANDING BY THE INDIVIDUAL

I have read and understand this statement. I understand that I may have the opportunity to review published systems notices and current Marine Corps directives which pertain to forms which I am asked to complete.

20100525

Date



Signature of the Individual

594-95-1063

Social Security No.

PRIVACY ACT STATEMENT FOR MARINE CORPS PERSONNEL AND PAY RECORDS
NAVMC 11000 (REV. 5-90) (EP) SN: 0109-LF-064-8800

(5211)

(File Original in OOR or SRB; Provide Copy to Individual)

DISCLOSURE ACCOUNTING FORM

RECORD OF DISCLOSURE

**UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION FROM
THIS RECORD COULD SUBJECT THE DISCLOSURE TO CRIMINAL PENALTIES**

1. This is to remain a permanent part of the record described below.
2. An entry must be made each time the record or any information from the record is viewed by, or furnished to any person or agency, except:
 - a. Disclosure to DOD or DON personnel having a need to know in the performance of their official duties.
 - b. Disclosure of items listed in paragraphs 13b(2)(e) and (f) of SECNAVINST 5211.6 series.

| TITLE & DESCRIPTION OF RECORD | DATE | PAGE | REMARKS |
|-------------------------------|------|------|---------|
| 1. [REDACTED] | | | |
| 2. [REDACTED] | | | |
| 3. [REDACTED] | | | |
| 4. [REDACTED] | | | |
| 5. [REDACTED] | | | |
| 6. [REDACTED] | | | |
| 7. [REDACTED] | | | |
| 8. [REDACTED] | | | |
| 9. [REDACTED] | | | |
| 10. [REDACTED] | | | |
| 11. [REDACTED] | | | |
| 12. [REDACTED] | | | |
| 13. [REDACTED] | | | |
| 14. [REDACTED] | | | |
| 15. [REDACTED] | | | |
| 16. [REDACTED] | | | |
| 17. [REDACTED] | | | |
| 18. [REDACTED] | | | |
| 19. [REDACTED] | | | |
| 20. [REDACTED] | | | |
| 21. [REDACTED] | | | |
| 22. [REDACTED] | | | |
| 23. [REDACTED] | | | |
| 24. [REDACTED] | | | |
| 25. [REDACTED] | | | |
| 26. [REDACTED] | | | |
| 27. [REDACTED] | | | |
| 28. [REDACTED] | | | |
| 29. [REDACTED] | | | |
| 30. [REDACTED] | | | |
| 31. [REDACTED] | | | |
| 32. [REDACTED] | | | |
| 33. [REDACTED] | | | |
| 34. [REDACTED] | | | |
| 35. [REDACTED] | | | |
| | | | |

[illegible]

G

ADMINISTRATIVE REMARKS (1070)

DATE 20100712

Articles UCMJ explained to me this date as required by Article 137, UCMJ.

x Daniel Austin Dunn
(Signature)

DATE

Articles UCMJ explained to me this date as required by Article 137, UCMJ.

(Signature)

DUNN, DANIEL A.

NAME (last, first, middle)

594 96 1068

SSN

NAVMC 118(11) (REV. 3-82) (EF) SN: 0109-LF-062-8400 U/I: SH

PREVIOUS EDITIONS WILL BE USED

ENLISTMENT/REENLISTMENT DOCUMENT ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 3331; 10 U.S.C. 113, 136, 502, 504, 505, 506, 507, 508, 509, 510, 515, 516, 518, 519, 972, 978, 2107, 2107a, 3253, 3258, 3262, 5540, 8253, 8257, 8258, 12102, 12103, 12104, 12105, 12106, 12107, 12108, 12301, 12302, 12304, 12305, 12405; 14 USC 351, 632; 32 U.S.C. 301, 302, 303, 304; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

| | | | |
|--|--|--|-------------------|
| 1. NAME (Last, First, Middle) DUNN | | 2. SOCIAL SECURITY NUMBER 594-96-1068 | |
| 3. HOME OF RECORD (Street, City, County, State, Country, ZIP Code) 165 LAKE TRAIL DR, DOUBLE OAK, (IDENTON), TX, US, 75077 | | 4. PLACE OF ENLISTMENT/REENLISTMENT (Milit. Installation, City, State) DALLAS MEPS DALLAS, TX 75202-4709 | |
| 5. DATE OF ENLISTMENT/ REENLISTMENT (YYYYMMDD) 20100608 | 6. DATE OF BIRTH (YYYYMMDD) 19900330 | 7. PREV MIL SVC UPON ENL/REENLIST a. TOTAL ACTIVE MILITARY SERVICE b. TOTAL INACTIVE MILITARY SERVICE | YEARS MONTHS DAYS |

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States (list branch of service) **MARINE CORPS RESERVE**
 this date for 0 years and 0 weeks is considered an Active Duty Obligation, and E-1 of which
0 weeks will be served in the Reserve Component of the Service in which I have enlisted. If this is an initial
 enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate
 authority. This eight year service requirement is called the Military Service Obligation. The additional details of my enlistment/
 reenlistment are in Section C and Annex(es) (list name of Annex(es) and describe)
AB

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I am joining the DEP. I understand that by joining the DEP I am enlisting in the Ready Reserve component of the
 United States (list branch of service)
 365 days, unless this period of time is otherwise extended by the Secretary concerned. While in the DEP, I understand that I am in
 a nonpay status and that I am not entitled to any benefits or privileges as a member of the Ready Reserve, to include, but not
 limited to medical care, liability insurance, death benefits, education benefits, or disability retired pay if I incur a physical disability. I
 understand that the period of time while I am in the DEP is NOT creditable for pay purposes upon entry into a pay status. However,
 I also understand that the period of time while I am in the DEP is counted toward fulfillment of my military service obligation
 described in paragraph 10, below. While in the DEP, I understand that I must maintain my current qualifications and keep my
 recruiter informed of any changes in my physical or dependency status, qualifications, and mailing address. I understand that I
 WILL be ordered to active duty unless I report to the place shown in item 4 above by (list date (YYYYMMDD))
 for enlistment in the Regular component of the United States (list branch of service)
 for not less than _____ years and _____ weeks.

b. REMARKS: (If none, so state.) **NONE**

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. **ANYTHING ELSE
 ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**
 (Initials of Enlistee/Reenlistee) **Biometrically Signed**

(Continued on Page 2)

DD FORM 4/1, OCT 2007

PREVIOUS EDITION IS OBSOLETE.

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS**9. FOR ALL ENLISTEES OR REENLISTEES:**

I understand that many laws, regulations, and military customs will govern my conduct and require me to do things under this agreement that a civilian does not have to do. I also understand that various laws, some of which are listed in this agreement, directly affect this enlistment/reenlistment agreement. Some examples of how existing laws may affect this agreement are explained in paragraphs 10 and 11. I understand that I cannot change these laws but that Congress may change these laws, or pass new laws, at any time that may affect this agreement, and that I will be subject to those laws and any changes they make to this agreement. I further understand that:

a. My enlistment/reenlistment agreement is more than an employment agreement. It effects a change in status from civilian to military member of the Armed Forces. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment/reenlistment document.

10. MILITARY SERVICE OBLIGATION, SERVICE ON ACTIVE DUTY AND STOP-LOSS FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate authority. This eight year service requirement is called the Military Service Obligation. Any part of that service not served on active duty must be served in the Reserve Component of the service in which I have enlisted. If this is a reenlistment, I must serve the number of years specified in this agreement, unless I am sooner discharged or otherwise extended by the appropriate authority. Some laws that affect when I may be ordered to serve on active duty, the length of my service on active duty, and the length of my service in the Reserve Component, even beyond the eight years of my Military Service Obligation, are discussed in the following paragraphs.

b. I understand that I can be ordered to active duty at any time while I am a member of the DEP. In a time of war, my enlistment may be extended without my consent for the duration of the war and for six months after its end (10 U.S.C. 506, 12103(c)).

c. As a member of a Reserve Component of an Armed Force, in time of war or of national emergency declared by the Congress, I may, without my consent, be ordered to serve on active duty, for the entire period of the war or emergency and for six (6) months after its end (10 U.S.C. 12301(a)). My enlistment may be extended during this period without my consent (10 U.S.C. 12103(c)).

d. As a member of the Ready Reserve (to include Delayed Entry Program), in time of national emergency declared by the President, I may, without my consent, be ordered to serve on active duty, and my military service may be extended without my consent, for not more than 24 consecutive months (10 U.S.C. 12302). My enlistment may be extended during this period without my consent (see paragraph 10g).

e. As a member of the Ready Reserve, I may, at any time and without my consent, be ordered to active duty to complete a total of 24 months of active duty, and my enlistment may be extended so I can complete the total of 24 months of active duty, if:

(1) I am not assigned to, or participating unsatisfactorily in, a unit of the Ready Reserve; and

(2) I have not met my Reserve obligation; and

(3) I have not served on active duty for a total of 24 months (10 U.S.C. 12303).

f. As a member of the Selected Reserve or as a member of the Individual Ready Reserve mobilization category, when the President determines that it is necessary to augment the active forces for any operational mission or for certain emergencies, I may, without my consent, be ordered to active duty for not more than 365 days (10 U.S.C. 12304). My enlistment may be extended during this period without my consent (see paragraph 10g).

g. During any period members of a Reserve component are serving on active duty pursuant to an order to active duty under authority of 10 U.S.C. 12301, 12302, or 12304, the President may suspend any provision of law relating to my promotion, retirement, or separation from the Armed Forces if he or his designee determines I am essential to the national security of the United States. Such an action may result in an extension, without my consent, of the length of service specified in this agreement. Such an extension is often called a "stop-loss" extension (10 U.S.C. 12305).

h. I may, without my consent, be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserves, my enlistment may be extended until I perform that additional duty, but not for more than six months (10 U.S.C. 10148).

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

(Initials of Enlistee/Reenlistee) **Biometrically Signed**


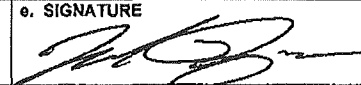
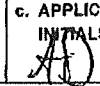
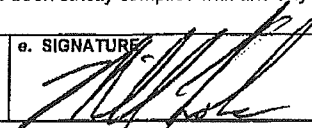
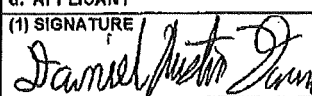
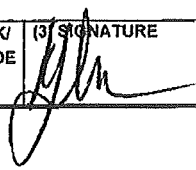


| | | | |
|---|--|--|--|
| NAME OF ENLISTEE/REENLISTEE (Last, First, Middle) DUNN DANIEL AUSTIN | | SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE 594-96-1068 | |
| D. CERTIFICATION AND ACCEPTANCE | | | |
| <p>13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.</p> <p>I certify that I have carefully read this document, including the partial statement of existing United States laws in Section C and how they may affect this agreement. Any questions I had were explained to my satisfaction. I fully understand that only those agreements in Section B and Section C of this document or recorded on the attached annex(es) will be honored. I also understand that any other promises or guarantees made to me by anyone that are not set forth in Section B or the attached annex(es) are not effective and will not be honored.</p> | | | |
| b. SIGNATURE OF ENLISTEE/REENLISTEE Biometrically Signed | | c. DATE SIGNED (YYYYMMDD) 20100608 16:11:46 | |
| 14. SERVICE REPRESENTATIVE CERTIFICATION | | | |
| <p>a. On behalf of the United States (list branch of service) <u>MARINE CORPS</u>, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.</p> | | | |
| b. NAME (Last, First, Middle) KOLENC MICHAEL J | | c. PAY GRADE E-7 | |
| d. UNIT/COMMAND NAME USMC RS STATION FORT WORTH | | e. SIGNATURE Biometrically Signed | |
| f. DATE SIGNED (YYYYMMDD) 20100608 16:11:46 | | g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) PANTEGO TX 76133 | |
| E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT | | | |
| <p>15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR): I, <u>DANIEL AUSTIN DUNN</u>, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.</p> | | | |
| <p>16. IN THE NATIONAL GUARD (ARMY OR AIR): I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.</p> | | | |
| <p>17. IN THE NATIONAL GUARD (ARMY OR AIR): I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____, _____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.</p> | | | |
| 18.a. SIGNATURE OF ENLISTEE/REENLISTEE Biometrically Signed | | b. DATE SIGNED (YYYYMMDD) 20100608 16:41:54 | |
| 19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION | | | |
| a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date. | | | |
| b. NAME (Last, First, Middle) WHITE ANDREW E | | c. PAY GRADE O-3 | |
| d. UNIT/COMMAND NAME DALLAS MEPS | | e. SIGNATURE Biometrically Signed | |
| f. DATE SIGNED (YYYYMMDD) 20100608 16:41:54 | | g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) DALLAS TX 75202-0000 | |
| (Initials of Enlistee/Reenlistee) Biometrically Signed | | | |



Adobe LiveCycle Designer }

| | | | | | |
|--|--------|--------------------|-----------------|--|--------------|
| 20. NAME (Last, First, Middle Initial) Dunn, Daniel Austin | | | | 21. SOCIAL SECURITY NUMBER 594-96-1068 | |
| SECTION III - OTHER PERSONAL DATA | | | | | |
| 22. EDUCATION | | | | | |
| a. List all high schools and colleges attended. (List dates in YYYYMM format.) | | | | | (5) GRADUATE |
| (1) FROM | (2) TO | (3) NAME OF SCHOOL | (4) LOCATION | YES | NO |
| 200408 | 200806 | MARCUS HS | TX FLOWER MOUND | AD | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | YES | NO |
| b. Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or Civil Air Patrol? | | | | | AD |
| 23. MARITAL/DEPENDENCY STATUS AND FAMILY DATA (If "Yes," explain in Section VI, "Remarks.") | | | | | |
| a. Is anyone dependent upon you for support? | | | | | AD |
| b. Is there any court order or judgment in effect that directs you to provide alimony or support for children? | | | | | AD |
| c. Do you have an <u>immediate relative</u> (father, mother, brother, or sister) who: (1) is now a prisoner of war or is missing in action (MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services? | | | | | AD |
| d. Are you the only living child in your immediate family? | | | | | AD |
| 24. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE U.S. GOVERNMENT (If "Yes," explain in Section VI, "Remarks.") | | | | | |
| a. Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard? | | | | | AD |
| b. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States? | | | | | AD |
| c. Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States? | | | | | AD |
| d. Have you ever been employed by the United States Government? | | | | | AD |
| e. Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States? | | | | | AD |
| 25. ABILITY TO PERFORM MILITARY DUTIES (If "Yes," explain in Section VI, "Remarks.") | | | | | |
| a. Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?) | | | | | AD |
| b. Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector? | | | | | AD |
| c. Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability)? | | | | | AD |
| 26. DRUG USE AND ABUSE (If "Yes," explain in Section VI, "Remarks.") Have you ever tried, used, sold, supplied, or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licensed physician? | | | | REFER DASF | TO |

| | | | |
|---|--|--|--|
| 27. NAME (Last, First, Middle Initial) Dunn, Daniel Austin | | 28. SOCIAL SECURITY NUMBER 594-96-1068 | |
| SECTION IV - CERTIFICATION | | | |
| 29. CERTIFICATION OF APPLICANT (Your signature in this block must be witnessed by your recruiter.) | | | |
| a. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document; that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities. | | | |
| b. TYPED OR PRINTED NAME (Last, First, Middle Initial) Dunn, Daniel Austin | | c. SIGNATURE  | d. DATE SIGNED (YYYYMMDD) 20100524 |
| 30. DATA VERIFICATION BY RECRUITER (Enter description of the actual documents used to verify the following items.) | | | |
| a. NAME (X one) | | b. AGE (X one) | c. CITIZENSHIP (X one) |
| <input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE | | <input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE | <input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE |
| <input type="checkbox"/> (2) OTHER (Explain) | | <input type="checkbox"/> (2) OTHER (Explain) | <input type="checkbox"/> (2) OTHER (Explain) |
| d. SOCIAL SECURITY NUMBER (SSN) (X one) | | e. EDUCATION (X one) | f. OTHER DOCUMENTS USED |
| <input checked="" type="checkbox"/> (1) SSN CARD | | <input checked="" type="checkbox"/> (1) DIPLOMA | |
| <input type="checkbox"/> (2) OTHER (Explain) | | <input type="checkbox"/> (2) OTHER (Explain) | |
| 31. CERTIFICATION OF WITNESS | | | |
| a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment. | | | |
| b. TYPED OR PRINTED NAME (Last, First, Middle Initial) Ragan, Joshua Kyle | | c. PAY GRADE E5 | d. RECRUITER I.D. 464770259 |
| | | e. SIGNATURE  | f. DATE SIGNED (YYYYMMDD) 20100524 |
| 32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES | | | |
| a. SPECIFIC OPTION/PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service.) (Use clear text English.) K4 6x2 REOP 0151-Administrative Clerk SEE 34 QSN: 20100712 | | | |
| b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 32.a. above and annexes attached to my Enlistment/Reenlistment Document (DD Form 4). | | | c. APPLICANT'S INITIALS  |
| 33. CERTIFICATION OF RECRUITER OR ACCEPTOR | | | |
| a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) Marine Corps and certify that I have not made any promises or guarantees other than those listed in Item 32.a. above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document. | | | |
| b. TYPED OR PRINTED NAME (Last, First, Middle Initial) GYSGT KOLENC, M.J. | | c. PAY GRADE E7 | d. RECRUITER I.D. OR ORGANIZATION X-1308 |
| | | e. SIGNATURE  | f. DATE SIGNED (YYYYMMDD) 20100608 |
| SECTION V - RECERTIFICATION | | | |
| 34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY | | | |
| a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 34" and the correct information is provided below. | | | |
| b. ITEM NUMBER | | c. CHANGE REQUIRED | |
| #18 a | | #5 6531 | |
| #18 a | | #53B | |
| #32 a | | K4 6x2 REOP 6531 Aircraft Ordnance Technician | |
| d. APPLICANT | | | |
| (1) SIGNATURE  | | (2) DATE SIGNED (YYYYMMDD) 20100712 | |
| e. WITNESS | | | |
| (1) TYPED OR PRINTED NAME (Last, First, Middle Initial) GvSgt SCHOMERS, M.J. | | (2) RANK/ GRADE | (3) SIGNATURE  |

36. NAME (Last, First, Middle Initial)
Dunn, Daniel Austin36. SOCIAL SECURITY NUMBER
594-96-1068

SECTION VI - REMARKS

(Specify item(s) being continued by item number. Continue on separate pages if necessary.)

LEVEL WAIVER APPROVED ON

WAIVER #

MEPS LIAISON

PARTIAL IST PREPARED ON
PU/HANG CRUNCHESPARTIAL IST PREPARED ON
PU/HANG CRUNCHES

MEPS LIAISON

MEPS LIAISON

"I HAVE REVIEWED THIS ENLISTMENT PACKAGE FOR ACCURACY AND COMPLETENESS. I FIND THE APPLICANT QUALIFIED FOR PROCESSING AND ENLISTMENT INTO THE UNITED STATES MARINE CORPS."

SNCOIC

Authority to enlist/ship granted by

E-RS / 630470 / DAE

Waiver Type Waiver Control # Waiver Code

Authority to enlist/ship granted by

E-RS / 630490 / FBE

Waiver Type Waiver Control # Waiver Code

Authority to enlist/ship granted by

E-RS / 630472 / DCE

Waiver Type Waiver Control # Waiver Code

Applicant qualified IAW Paragraph 029/104 First Call 008-10.

Resume Interview conducted on 20100708.

Add Remark

DD FORM 1966/5
ATTACHED? (X one)YES
NO ☒

SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS

37. NAME CHANGE.

If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:

a. NAME AS SHOWN ON BIRTH CERTIFICATE

b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD

c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of _____ by which I am known in the community as a matter of convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.

d. APPLICANT

(1) SIGNATURE

(2) DATE SIGNED
(YYYYMMDD)

e. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)

(2) PAY GRADE

(3) SIGNATURE

DD FORM 1966/4, MAR 2007

ANNEX B

| STATEMENT OF UNDERSTANDING | | | | | |
|--|--|------------------------------|--|----------------------|------------------|
| NO MISTAKES are permitted on this document | | | | | |
| APPLICANT | The applicant must fill out Blocks 1 through 31 (Blocks 1, 4, 4a, are excluded) in their own handwriting, initial each item to indicate understanding, and sign and date the agreement accordingly. Ensure you receive a copy of this document. | | | | |
| MEPS LNW NCOIC | a) Certify the proper explanation of the agreement to the applicant, b) Certify applicant qualification, c) Certify that OPS MCRISS personnel have assigned a program in MCRISS, d) Ensure the applicant is given and parent/guardian, as applicable, a copy of this agreement at the time of completion. | | | | |
| NAME | 1 Last DUNN | 1a First DANIEL | 1b MI A | 1c SSN: XXX-XX- 1068 | 1d Date 20100629 |
| AGREEMENT | | | | | |
| 2 | I understand that this statement of understanding represents the total agreement, and supersedes any other previous agreements, between myself and the United States Marine Corps concerning enlistment guarantees stated within. | | | | 2a Initials DAD |
| 3 | I understand that I am enlisting in the Selected Marine Corps Reserve in the below stated enlistment incentive program listed in Para 4, and can be assigned and trained to serve in the MOS listed in the Occupational Field(s) specified in Para 4b below. I have had the opportunity to review the MOS listed under this option and acknowledge THE SPECIFIC MOS is guaranteed to me under this enlistment option. | | | | 3a DAD |
| MARINE CORPS RESERVE OPTIONAL ENLISTMENT PROGRAM (ROEP) | | | | | |
| 4 | Program Code: ZY | 4a Program Description: ROEP | 4b Military Occupational Field(s) In Option: MOS: 6531 SHORT TITLE: AIRCRAFT ORDNANCE TECHNICIAN RUC: 01130 CITY/STATE: FORT WORTH, TX | | |
| INACTIVE DUTY TRAINING (IDT) TRAINING OBLIGATIONS | | | | | |
| 5a | I understand that I am enlisting in the Marine Corps Reserve, Reserve Optional Enlistment Program (ROEP) for a period of EIGHT (8) YEARS: I understand that for the next FOUR (4) YEARS (K9) <u>SIX (6) YEARS (K4)</u> (line out non applicable years, then circle applicable years & initial selection) following assignment to Initial Active Duty Training (IADT) will be required to satisfactorily participate in drills. Satisfactory participation consists of attendance at and satisfactory performances of 48 scheduled Inactive Duty Training (IDT) periods (usually 1 weekend per month) and not less than 14 days (exclusive of travel time) of Active Duty Training (ADT) during each year of my contract. My remaining obligation will be in an Individual Ready Reserve (IRR) status. | | | | 5a Initials DAD |
| 5b | I will be required to attend IDT and ADT periods as prescribed, and I understand that failure to do so may result in my being ordered to active duty by the Commandant of the Marine Corps for a period of 2 years, less any period of active duty or ADT I may have already served. I also understand that my failure to attend IDT and ADT periods could result in a less than honorable discharge. I understand that while in the SMCR (IDT status), I will not be excused from ADT for the purpose of attending college. | | | | 5b DAD |
| 6 | I acknowledge that the location of my Reserve Unit in block 4b is correct. | | | | 6a DAD |
| 7 | I must request a waiver from the Commanding Officer/Site Commander of my initial Reserve Unit in order to transfer to a different unit prior to completing six consecutive months of IDT's at my initial Reserve Unit. | | | | 7a DAD |
| 8 | I will report to my initial Reserve Unit for scheduled IDT's on the dates and at the times I am ordered to report. | | | | 8a DAD |
| 9 | I must keep my Commanding Officer/Site Commander informed of my current address and phone number at all times. | | | | 9a DAD |
| 10 | If I change my place of domicile, I must join another Marine Reserve unit located within the standard 100-mile radius from my new domicile. | | | | 10a DAD |
| 11 | I realize that during the periods of ADT and during all my scheduled IDT drill periods, I will be subjected to the same disciplinary control and regulations as a member of the Regular Marine Corps. | | | | 11a DAD |
| 12 | I understand that I am expected to maintain the required acceptable standards of dress, hygiene, attitude, decorum, and effort during IDT and ADT periods. | | | | 12a DAD |
| 13 | I was briefed on my future Reserve Unit by the Inspector-Instructor/Commanding Officer/Site Commander or by a command representative (circle one). Date Interview was conducted (see page DD 1966/4 for interview date): 20100708 | | | | 13a DAD |
| INDIVIDUAL READY RESERVE (IRR) AND RECALL OBLIGATIONS | | | | | |
| 14 | I understand that I am eligible, upon request, for transfer from the SMCR (IDT status) to the IRR following satisfactory completion of my ROEP 4 x 4 or 6 x 2 commitment, which commences on the date of departure from IADT. | | | | 14a DAD |
| 15 | I realize that I will be liable for involuntary recall to active duty in case of national emergency declared by the President of the United States and I may be ordered to active duty (other than for training) for not more than 24 consecutive months. Further, in time of national emergency or war declared by Congress, or when otherwise authorized by law, I may be ordered to active duty (other than for training) for the duration of the national emergency or war and for 6 months thereafter. | | | | 15a DAD |
| APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION | | | | | |
| I understand I must fill out this document truthfully and completely. I further understand that failure to complete any part of this form disqualifies me for a clearance and the incentive program. Finally, I understand that ANY promises made by my recruiter or anyone else, which are not contained in this written agreement are NOT binding on the Marine Corps. | | | | | |
| SIGNATURE | 16 Daniel Austin Drumm | 16a Date 100629 | | | |
| PRINT NAME | 17 Daniel Austin Drumm | | | | |

ANNEX B

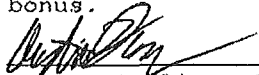
MARINE CORPS RESERVE OPTIONAL ENLISTMENT PROGRAM (ROEP) (Page 2)

| | | | | | |
|---|--|--------------------------------------|---------------------------------|-----------------------------|--|
| NAME | 1 LAST DUNN | 1a FIRST DANIEL | 1b MI A | 1c SSN: XXX-XX- 1068 | 1d Date 20100629 |
| INITIAL TRAINING | | | | | |
| 18 | I understand that I will be assigned to Marine Corps Recruit Depot training, Marine Corps Combat Training (MCT), and Military Occupational Specialty (MOS) formal schooling within 365 days of enlistment. | | | | 18a DAD |
| 19 | I will attend Marine Corps Recruit Depot training first, followed by MCT, and then my MOS formal school. | | | | 19a DAD |
| 20 | I understand that following Marine Corps Recruit Depot training, I may receive up to 10 days leave before commencing MCT and MOS formal schooling. The length of my leave may vary, dependent upon coordination of training phases. | | | | 20a DAD |
| 21 | The MOS for which I am enlisting for in block 4b has been described to me, and I understand its prerequisite qualifications. | | | | 21a DAD |
| 22 | I also realize that after completion of my IADT period that the Marine Corps may assign me to a billet which involves responsibilities quite different from those for which I may receive training in the MOS designated above in block 4b. | | | | 22a DAD |
| 23 | I understand that during IADT period of less than three months, I will not be eligible to start Electronic Funds Transfer (EFT) allotment for any financial reason. | | | | 23a DAD |
| 24 | I understand that during the IADT, I will be entitled only to pay and allowances which accrue while on IADT. I will not be eligible to receive any special payments or bonuses prior to completion of my initial training. | | | | 24a DAD |
| 25 | I realize that if I am disqualified from assignment to a billet requiring this MOS after enlistment, due to discovery of fraudulent enlistment, serious breach of discipline, punishment under the Uniform Code of Military Justice, failure to master the training, or by my failure to maintain necessary qualifications for my MOS, I may be discharged or reassigned another MOS which serves the needs and convenience of the Marine Corps. | | | | 25a DAD |
| INCENTIVES AND BONUSES | | | | | |
| 26 | I realize that I am only eligible for the Montgomery G.I. Bill Selected Reserve (MGIB-SR) entitlements (which provides for educational assistance) if I have agreed to serve at least 6 years (K4) in the SMCR (IDT status). | | | | 26a DAD |
| 27 | I understand that I am not eligible for the Command Recruiter Program and the Permissive Recruiter Assistant Program (PRASP). | | | | 27a DAD |
| 28 | I understand that there are no monetary promises being made to me in this Statement Of Understanding (SOU). Any monetary promises will be contained in a separate Statement of Understanding (SOU) entitled Z7 SRIP or Z8 Education Kicker. | | | | 28a DAD |
| 29 | I certify that I am NOT on the Incremental Initial Active Duty (IIADT or 92 DAY SPLIT Training) program. | | | | 29a DAD |
| APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION | | | | | |
| This Statement of Understanding and my Application for Enlistment constitutes the entirety of my enlistment agreement with the Marine Corps. I realize that this "Statement of Understanding" will become an attachment to my enlistment contract. I understand that my subsequent changes to this agreement, as required by Executive Order, law, or other regulations, will have the same force and effect as the provisions contained herein. I certify that I have read and understand my duties, responsibilities, and obligations to the Marine Corps and, in consideration for the benefits I hope to derive from my enlistment agree to the terms outlined above. Finally, I understand that ANY promises made by my recruiter or anyone else, which are not contained in this written agreement are NOT binding on the Marine Corps. | | | | | |
| SIGNATURE | 30 | Daniel Austin Dunn | | | Date 100629 |
| PRINT NAME | 31 | Daniel Austin Dunn | | | |
| MEPS LIAISON CERTIFICATION | | | | | |
| I understand that I am responsible for ensuring the applicant fully understands this Reserve Optional Enlistment Program (ROEP) SOU. I further acknowledge that as the MEPS Liaison I have screened this applicant for the program and is fully qualified IAW MCO 1130.53, Encl 6 & Para 5 above, or a MCRC level Enlistment Incentive Option Criteria Waiver has been approved in MCRIS, and a valid MCROC program in MCRIS. Lastly, I have ensured that no other promises (written or verbal) have been made to this applicant other than that stated here in the SOU. | | | | | |
| PRINT NAME | 32 | LAST Schomero | 32a FIRST Michael | 32b MI J | 32c SSN: XXX-XX-3223 |
| SIGNATURE | 33 | [Signature] | | | Date 100629 |
| QUOTA | | Quota Sequence Number Assigned (QSN) | | | Name and Billet of person providing QSN |
| SEQUENCE | 34 | 201006761 | | | 34a Mgt. Comeroux ops Chief |

STATEMENT OF UNDERSTANDING

MARINE CORPS POLICY CONCERNING ILLEGAL USE OF DRUGS

1. Purpose. The purpose of this document is to make sure that you completely understand the Marine Corps Policy on the illegal use of drugs.
2. Policy. The illegal distribution, possession or use of drugs is not tolerated in the United States Marine Corps. Furthermore, each instance of illegal drug use by a Marine makes that Marine unfit for duty and a risk to the safety of fellow Marines.
3. Certification. I certify that I completely understand the Marine Corps policy on the illegal use of drugs. I understand that I will be screened for alcohol and given a urinalysis test for drugs during my initial MEPS physical, and given a urinalysis test for drugs within 24 hours of my arrival at recruit training. I understand that if I test positive for drugs or alcohol at the MEPS, I will be disqualified for enlistment. I understand that if I test positive on the urinalysis at MCRD that I will be subject to an administrative discharge from the Marine Corps and possibly to courts-martial. I understand that once I enlist into the Delayed Entry Program (or SMCR awaiting IADT) any illegal use of drugs may adversely affect my ability to commence active duty for training, to obtain an enlistment program, or bonus.



(Applicant's signature)

20100525

(Date)

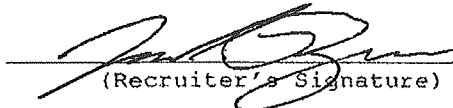
Dunn, Daniel Austin

(Applicant's Printed Name)

594-96-1068

(Social Security Number)

4. Recruiter Verification. I certify that I have completely explained the Marine Corps policy on the illegal use of drugs to the above named applicant and advised Dunn, Daniel Austin to be thoroughly honest in completing the Drug Abuse Screening Form.

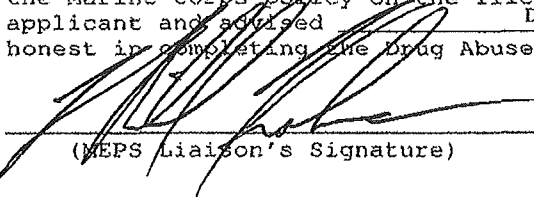


(Recruiter's Signature)

20100525

(Date)

5. MEPS Liaison Verification. I certify that I have completely explained the Marine Corps policy on the illegal use of drugs to the above named applicant and advised Dunn, Daniel Austin to be thoroughly honest in completing the Drug Abuse Screening Form.



(MEPS Liaison's Signature)

20100525

(Date)

ANNEX A



UNITED STATES MARINE CORPS

MARINE FIGHTER ATTACK SQUADRON 112
MARINE AIRCRAFT GROUP 41, 4TH MARINE AIRCRAFT WING
NAVAL AIR STATION/Joint Reserve Base
FORT WORTH, TEXAS 76127-5000

IN REPLY REFER TO

1320

S-1

8 March 12

From: Commanding Officer, Marine Fighter Attack Squadron 112

To: Lance Corporal Daniel A. Dunn XXX XX 1068/6531 USMCR

Subj: INTERUNIT TRANSFER ORDERS

Ref: (a) MCO 1400.32 par. 4500.3

1. In accordance with reference (a), effective 8 March 2012 you are transferred to the Commanding Officer, Marine Light Attack Helicopter Squadron 773, Marine Aviation Group 49, Robins AFB, Marietta, GA. MCC S7F; RUC 01773. You are directed to report to the Commanding Officer of your new unit no later than 3 April 2012.

2. Your attention is directed to the fact that you are required to participate in 100 percent of your scheduled drills. You performed your last satisfactory drill on 12 February 2012 with Marine Fighter Attack Squadron 112, NAS Fort Worth, TX. Your next drill with your new command is 3 April 2012.

3. If as a result of this transfer, you have not attended regularly scheduled training you are directed to schedule an alternate annual training with your new command.

4. If your MOS is not compatible with T/O billet of your new command, you will be required to retrain in an MOS rated by the gaining command.

5. You have given your address as 165 Lake Dr., Double Oak, TX 75077, and your home phone number is (214)-850-3866. Should you have a change in address or are unable to comply with the provisions contained in paragraph 1 above, you are directed to immediately notify the Commanding Officer of your gaining command. Failure to report on the date designated without proper authority will classify you as an unsatisfactory participant and appropriate administrative action will be initiated against you.

6. Any travel involved in the execution of these orders will be at no expense to the government.

Subj: INTERUNIT TRANSFER ORDERS

7. Point of contact at this command is Sgt Hoffman at (817) 782-2721.



D. A. FLORES

By direction

Copy to:

Files

SNM



RECEIVING ENDORSEMENT

1. I received these orders at 20120308 on 1030. I understand that I am to report no later than _____ on _____ to the Commanding Officer, Marine Light Attack Helicopter Squadron 773, Marine Aviation Group 49, Robins AFB, Marietta, GA. I further understand that failure to attend will classify me as an unsatisfactory participant and as such will result in appropriate administrative action being taken against me.

D. A. DUNN.

**Prudential**Office of Servicemembers'
Group Life Insurance**Servicemembers' Group Life Insurance
Election and Certificate****1. About You**

DANIEL, AUSTIN, DUNN

Print Name (First, Middle, Last)

\$400,000

Current Amount of SGLI Coverage

PFC

Rank, title or grade

594961068

Social Security Number

NAS FORT WORTH USMC

Duty Location

Branch of Service

2. About Your Coverage

I am completing this form to: (Check all that apply)

☐ Name or update my SGLI beneficiary.

You must complete sections 3 and 5.

☐ Increase or restore my SGLI coverage to \$ 400,000

You must complete sections 3, 4, & 5.

☐ Reduce my SGLI coverage to \$ 350,000

You must complete sections 3 & 5.

☐ Decline (cancel) SGLI coverage.

You must complete section 5.

Coverage is
available in
increments of
\$50,000 up to a
maximum of
\$400,000**3. About Your Beneficiaries**

Complete this section unless you are declining coverage.

| Primary Name and Address | Social Security Number (If available) | Relationship to you | Share to each (% or \$ amounts) | Payment Option (Lump sum* or 36 equal monthly payments) |
|--|--|------------------------|--|--|
| 1. JUDY ELAINE DUNN 185 LAKE TRAIL DRIVE DOUBLE OAK TX 75077 | <input type="text"/> | MOTHER | 100% | Lump sum |
| 2. | <input type="text"/> | | | Lump sum |
| 3. | <input type="text"/> | | | Lump sum |
| 4. | <input type="text"/> | | | Lump sum |
| Secondary | | | | |
| 1. RICK ANDREW DUNN 185 LAKE TRAIL DRIVE DOUBLE OAK TX 75077 | <input type="text"/> | FATHER | 100% | Lump sum |
| 2. | <input type="text"/> | | | Lump sum |
| 3. | <input type="text"/> | | | Lump sum |
| 4. | <input type="text"/> | | | Lump sum |

☐ **Have more beneficiaries?** Check the box and complete Supplemental SGLI Beneficiary Form, SGLV 8286S.

If you do not name beneficiaries above, your insurance will be paid by law (see page 3).

* If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment either through the Prudential Alliance Account or by check. Alliance is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by First Data Payment Services (FPS). **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** Open Solutions Inc., JPMorgan Chase Bank, N.A., and First Data Payment Services are not Prudential Financial companies.

4. About Your Health*Complete this section ONLY if you are restoring or increasing coverage.*Your gender ☐ Female
☐ Male

Your date of birth (MM, DD, YYYY)

Your weight

Your height

Have you had, been treated for, or had known indications of:

Yes No

- a. A heart condition? ☐ ☐
- b. High blood pressure? ☐ ☐
- c. A neurological disorder? ☐ ☐
- d. Diabetes? ☐ ☐
- e. Cancer or tumors? ☐ ☐
- f. Have you ever been diagnosed as having a disease of the immune system? ☐ ☐
- g. Do you have any known physical impairments, deformities, or ill health not covered above? ☐ ☐

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below.**5. Your Signature***You must complete this section.***I have read the instructions and understand that**

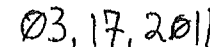
- This form cancels any prior beneficiary or payment instructions.
- I can have SGLI and VGLI coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or **declining** SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions for details).
- If I am married or get married after completing this form and have not declined SGLI, Family SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. *Failure to register my spouse in DEERS will result in my owing debts for unpaid premiums.* I can decline Family SGLI coverage by completing SGLV 8286A.



Service Member Signature



Social Security Number



Date (MM, DD, YYYY)

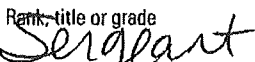
For Branch of Service Official Use Only

Received by Personnel Clerk



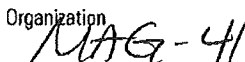
Approve Disapprove

Rank, title or grade

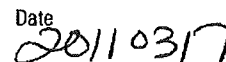


OSGLI Representative

Organization



Date



Date

****MCT RECORD OF EMERGENCY DATA**

05/24/2011
13:05:30

SSN: 0594961068 NAME: DUNN, DANIEL A
 RUC: 01130 COMPANY CODE: M PRES-GRADE: E2 RECSTAT: E COMP CODE:
 PLT CODE: 0230 TRNGRP: A R-RECSTAT: 0 RCOMP-CODE: K4

SPOUSE NAME/ADDRESS
 SINGLE

CHILD NR/NAME/DOB/ADDRESS
 NONE

GUARDIAN NR/NAME/PHONE/RELATION/ADDRESS
 NONE

FATHER/MOTHER NAME/ADDRESS

RICK A DUNN

165 LAKE TRAIL DR
 DOUBLE OAK TX 75077
 SAME AS FATHER

JUDY E DUNN

DO NOT NOTIFY DUE TO ILL HEALTH NR/NAME/RELATION/ADDRESS
 NOT NOTIFY 1 NOT GIVEN
 NOT NOTIFY 2 NOT GIVEN

MIA NOTIFY NAME/RELATIONSHIP

SEE NOK INFORMATION

MIA ADDRESS/DIRECTIONS

SEE NOK INFORMATION

BENEFICIARY(IES) FOR DEATH GRATUITY NR/RELATIONSHIP/PCT

01 JUDY E DUNN M0 100%

ADDR1 165 LAKE TRAIL DR

ADDR2 DOUBLE OAK TX 75077

TELE 817-430-9853

BENEFICIARY(IES) UNPAID PAY/ALLOWANCES NR/NAME/RELATION/PCT/ADDRESS

1 JUDY E DUNN M0 100% 165 LAKE TRAIL DR
 DOUBLE OAK TX 75077

PAY ARREARS 2 NOT GIVEN

PERSON AUTHORIZED DIRECT DISPOSITION NAME/ADDRESS/TELEPHONE/RELATIONSHIP

NAME/RELATIONSHIP JUDY E DUNN (M)

ADDR1 ~~SAME AS FATHER~~

ADDR2

TELE 817-430-9853

165 LAKE TR DR

DOUBLE OAK TX 75077

INSURANCE COMPANIES NR/NAME/POLICY NUMBER

NONE

NEXT OF KIN NR/TELEPHONE NUMBER/RELATIONSHIP

1 214-402-3819

M

2 817-430-9853

F

PRIMARY NEXT OF KIN DIRECTIONS

NONE

MEMBER CERTIFICATION

REPORT ON UD NUMBER ~~00849-2010809~~

WITNESS CERTIFICATION

DATE CERTIFIED 8/11/2024

Sgt/USM-

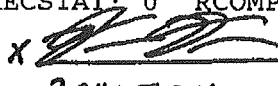
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05/24/2011

13:05:30

SSN: 0594961068 NAME: DUNN, DANIEL A
RUC: 01130 COMPANY CODE: M PRES-GRADE: E2 RECSTAT: E COMP CODE:
PLT CODE: 0230 TRNGRP: A R-RECSTAT: 0 RCOMP-CODE: K4

DATE OF CERTIFICATION

~~20110317~~ 20110524 X 

20110524

SGLI MEMBER ELECTION ELECTS \$400,000 COVERAGE

SGLI MEMBER BENEFICIARY MOTHER TO RECEIVE

SGLI MEMBER PAY DESIGNATION LUMP SUM

SGLI MEMBER VA CERTIFY DATE ~~20110317~~ 20110524 X 

SGLI SPOUSE ELECTION NO SPOUSE

20110524

MEMBER CERTIFICATION 

REPORT ON UD NUMBER 00849-20110809

WITNESS CERTIFICATION 

DATE CERTIFIED 20110524

5/24/2011

TDRPKY07-1 (MCTFS) DIARY RETRIEVAL SYSTEM 03/15/2012
 EAW833 SSN: 0594961068 INIT: DDA ENTER NEXT CYC: 08:23:51

| CYC | TTC | DIARY/PAYROLL | EFF | ACT | MEC | CODES | ERROR |
|--|------|----------------|----------|----------|------|------------------------|---------|
| NR | | NUMBER DATE | DATE | DATE | NR | CP/COR/TYP | POS F/E |
| 043 | 0140 | 00155 20120308 | 20111211 | 20120308 | NONE | 1 | |
| RUC/DSSN: 46744 DPI: 00 | | | | | | | |
| ENGLISH: 20120308 AWD CE DEV 0 FR 20111211 TO 20111211 ED 20111211 | | | | | | | |
| ENCODED: CE02011121120111211 | | | | | | | |
| HIST: NONE | | | | | | | |
| PREP-ID: 0566934575E C | | | | | | CERT-ID: 0525554839AAS | |
| 046 | 0884 | 00161 20120313 | 20120313 | 20120313 | NONE | 1 | |
| RUC/DSSN: 46744 DPI: 00 | | | | | | | |
| ENGLISH: 20120313 TR RUC 01773 EDA 20120403 | | | | | | | |
| ENCODED: 01773 20120403 00000000 | | | | | | | |
| HIST: MBR EXECUTING IUT ORDERS. | | | | | | | |
| PREP-ID: 0153843973SCH | | | | | | CERT-ID: 0574662787ACP | |
| * * * * * C O N T I N U E D * * * * * PAGE - 10 | | | | | | | |
| (PF-13 RESTART CYCLE) | | | | | | | |

*** MCTFS RECORD OF EMERGENCY DATA ***

03/07/2012

SSN: 0594961068 NAME: DUNN, DANIEL A
 RUC: ~~01130~~ COMPANY CODE: M PRES-GRADE: E3 RECSTAT: E COMP CODE:
 01773 PLT CODE: ~~0230~~ TRNGRP: A R-RECSTAT: 0 RCOMP-CODE: K4
 Corden

SPOUSE NAME/ADDRESS
 SINGLE

CHILD NR/NAME/DOB/ADDRESS
 NONE

GUARDIAN NR/NAME/PHONE/RELATION/ADDRESS
 NONE

FATHER/MOTHER NAME/ADDRESS
 RICK A DUNN
 JUDY E DUNN

165 LAKE TRAIL DR
 DOUBLE OAK TX 75077
 SAME AS FATHER

DO NOT NOTIFY DUE TO ILL HEALTH NR/NAME/RELATION/ADDRESS
 NOT NOTIFY 1 NOT GIVEN
 NOT NOTIFY 2 NOT GIVEN

MIA NOTIFY NAME/RELATIONSHIP
 SEE NOK INFORMATION

MIA ADDRESS/DIRECTIONS
 SEE NOK INFORMATION

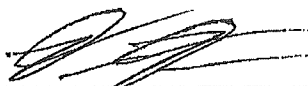
BENEFICIARY(IES) FOR DEATH GRATUITY NR/RELATIONSHIP/PCT
 01 JUDY E DUNN M0 100%
 ADDR1 165 LAKE TRAIL DR
 ADDR2 DOUBLE OAK TX 75077
 TELE 817-430-9853

BENEFICIARY(IES) UNPAID PAY/ALLOWANCES NR/NAME/RELATION/PCT/ADDRESS
 1 JUDY E DUNN M0 100% 165 LAKE TRAIL DR
 DOUBLE OAK TX 75077
 PAY ARREARS 2 NOT GIVEN

PERSON AUTHORIZED DIRECT DISPOSITION NAME/ADDRESS/TELEPHONE/RELATIONSHIP
 NAME/RELATIONSHIP JUDY E DUNN (M)
 ADDR1 165 LAKE TRAIL DRIVE
 ADDR2 DOUBLE OAK TX 75077
 TELE 817-430-9853

INSURANCE COMPANIES NR/NAME/POLICY NUMBER
 NONE

MEMBER CERTIFICATION



REPORT ON UD NUMBER

026

WITNESS CERTIFICATION



DATE CERTIFIED

2020307

*** MCTFS RECORD OF EMERGENCY DATA ***

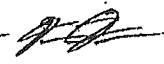
03/07/2012

SSN: 0594961068 NAME: DUNN, DANIEL A
RUC: 01130 COMPANY CODE: M PRES-GRADE: E3 RECSTAT: E COMP CODE:
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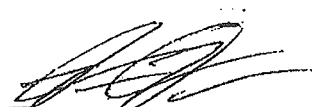
NEXT OF KIN NR/TELEPHONE NUMBER/RELATIONSHIP
1 214-402-3819 M
2 817-430-9853 F

PRIMARY NEXT OF KIN DIRECTIONS
NONE

DATE OF CERTIFICATION

~~20110524~~ 20120307 

SGLI MEMBER ELECTION ELECTS \$400,000 COVERAGE
SGLI MEMBER BENEFICIARY MOTHER TO RECEIVE
SGLI MEMBER PAY DESIGNATION LUMP SUM
SGLI MEMBER VA CERTIFY DATE 20110524
SGLI SPOUSE ELECTION NO SPOUSE

MEMBER CERTIFICATION 

REPORT ON UD NUMBER 026

WITNESS CERTIFICATION 

DATE CERTIFIED 20120307

| DEPARTMENT OF DEFENSE ACTIVE DUTY/RESERVE FORCES DENTAL EXAMINATION | | OMB No. 0720-0022 OMB approval expires Jul 31, 2009 |
|---|---|--|
| <p>The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0720-0022). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.</p> | | |
| PRIVACY ACT STATEMENT | | |
| AUTHORITY: Public Law 105-85, Sec. 765; DoD Directive 6490.2; E.O. 9397. | | ROUTINE USE(S): None. |
| PRINCIPAL PURPOSE(S): An assessment by a dentist of the state of your dental health for the next 12 months is needed to determine your fitness for prolonged duty without ready access to dental care. | | DISCLOSURE: Voluntary; however, failure to provide the information may result in delays in assessing your dental health needs for military service. |
| 1. SERVICE MEMBER'S NAME (Last, First, Middle Initial) | 2. SOCIAL SECURITY NUMBER | 3. BRANCH OF SERVICE |
| Dunn, Daniel | 594961068 | USMC |
| 4. UNIT OF ASSIGNMENT | 5. UNIT ADDRESS | |
| VMFA-112 | | |
| 6. EXAMINATION RESULTS Dear Doctor, The individual you are examining is an Active Duty/Guard/Reserve member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs. | | |
| <div style="display: flex;"> <div style="width: 40px; text-align: center;"> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> </div> <div> <p>(1) Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months.</p> <p>(2) Patient has some oral conditions, but you <u>do not</u> expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).</p> <p>(3) Patient has oral conditions that you <u>do</u> expect to result in dental emergencies within 12 months if not treated. Examples of such conditions are: (X the applicable block or specify in the space provided)</p> <div style="margin-left: 20px;"> <p>(a) Infections: Acute oral infections, pulp or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report.</p> <p>(b) Caries/Restorations: Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.</p> <p>(c) Missing Teeth: Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.</p> <p>(d) Periodontal Conditions: Acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances.</p> <p>(e) Oral Surgery: Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.</p> <p>(f) Other: Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.</p> </div> </div> </div> | | |
| (4) If you selected Block (3) above, please circle the condition(s) you identified in this patient if they appear above, or briefly describe the condition(s) below: | | |
| | | |
| (5) Were X-rays consulted? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, DATE X-RAY WAS TAKEN (YYYYMMDD) |
| 7. DENTIST'S NAME (Last, First, Middle Initial) | | 8. DENTIST'S ADDRESS (Street, City, State, 9-digit ZIP Code) |
| Patel, Neil B. | | 2460 FM 407 |
| 9. DENTIST'S TELEPHONE NUMBER (Include Area Code) | | Highland Village, TX 75077 |
| 972-966-1234 | | |
| 10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER | | 11. DATE OF EXAMINATION (YYYYMMDD) |
| 22332 | | 2-13-2012 |

DATA REQUIRED BY THE PRIVACY ACT OF 1974

(5 U. S. C. 552A)

PART A GENERAL

The Marine Corps uses a variety of forms in administering matters related to the individual Marine. Forms are necessary for enlistment and reenlistment, evaluating performance, applying for training and assignments, granting leave, disciplinary action, administering pay, and other purposes. In some instances, these forms involve the collection of personal information from the individual Marine. Information such as home address and telephone number, names and other information on dependents, preference for duty, address on leave, and the individual's Social Security Number are illustrative of the information asked for on forms.

The Privacy Act of 1974 requires that you be informed of the authority, purposes, uses, and effects of not providing information when it is requested from you. In order to eliminate the need for issuing an individual statement each time information is requested from you about matters such as those described, this statement serves as a one-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms related to your personnel and pay records are used. If you desire more information about a specific form when it is used, your commanding officer will provide such information upon request.

Pursuant to the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503), information furnished may or will be subject to verification by computer matching (internally or with another specific agency). The match may be necessary to verify accuracy of data, and to uncover waste, fraud, or abuse in Federal Programs.

PART B - INFORMATION TO BE FURNISHED TO INDIVIDUAL**1. AUTHORITY**

Title 5, U.S. Code, Section 301, is the basic authority for maintaining personnel and pay records. Use of Social Security Number as a means of personal identification is authorized by Executive Order 9397 of 23 November 1943.

2. PRINCIPAL PURPOSES

The basic purposes of personnel and pay records are to enable officials and employees of the Marine Corps to efficiently manage personnel resources; to administer pay and allowances; to screen and select individuals for promotion; to provide educational and training programs; to administer appeals, grievances, discipline, litigation, investigations, and adjudication of claims; to administer benefits and entitlements; and to manage retirement and veterans affairs programs. Further information about the purposes and uses of information being requested from can be obtained by consulting the applicable description for system such as the following:

| <u>SYSTEM DESCRIPTION</u> | <u>SYSTEM NUMBER</u> |
|--|----------------------|
| Marine Corps Military Personnel Records System | MMN 00006 |
| Bond and Allotment System | MFD 00004 |
| Joint Uniform Military Pay System/Manpower Management System | MFD 00003 |

3. ROUTINE USES

Information included in personnel and pay records is used by officials and employees of the Marine Corps in the execution of their official duties. The information is also used under certain conditions by officials and employees elsewhere in the Department of Defense; by other Federal agencies such as the General Accounting Office; Office of Personnel Management; Veterans Administration; the Federal Bureau of Investigation and other Federal, state, and local law enforcement authorities; and the General Services Administration. Information is also furnished to Congressional sources. Your Social Security Number is used as a means of personal identification.

4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

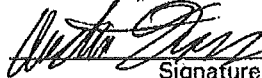
Disclosure of information required on forms related to personnel and pay records is mandatory. An individual may, at his or her option, elect not to apply for benefits and services to which entitled (leave, registration of allotments, etc.) but once the individual has made the decision to apply for such benefits the disclosure of information on related forms becomes a mandatory action. Failure to provide requested information could have the effect of denying certain benefits and would hamper the efficient management of an individual's career while in the Marine Corps. Disclosure of your Social Security Number is mandatory.

PART C - STATEMENT OF UNDERSTANDING BY THE INDIVIDUAL

I have read and understand this statement, I understand that I may have the opportunity to review published systems notices and current Marine Corps directives which pertain to forms which I am asked to complete.

20100525

Date



Signature of the Individual

594-96-1068

Social Security No.

PRIVACY ACT STATEMENT FOR MARINE CORPS PERSONNEL AND PAY RECORDS

NAVMC 11000 (REV. 5-90) (EF) SN: 0109-LF-064-8800

(5211)

(File Original in OQR or SRB; Provide Copy to Individual)

[illegible]

INDIVIDUAL SEPARATION INFORMATION

1 OF 7

SSN: 0594961068

NAME: DUNN, DANIEL A.

PRES-GRADE: E3

DATE: 20130314

PAY ENTRY DATE: 20100712

DATE OF ENL / ACCEPT: 20100712

ACTIVE DUTY DATE:

TOTAL COMM SVC: 000000

ORIG ENTRY DATE: 20100608

DISCHARGE DATE: 20121205

DCTB: 20110129

END OBLIG SVC: 20180607

GEODCTB: 00

OVERSEAS CONTROL DATE: 20090312

REENLISTMENT ID: 04

SEPARATION CODE: HKQ1

RETIREMENT GRADE:

EFFECTIVE DATE:

CSB ELECT DATE:

HIGHEST GRADE HELD:

CSB ELECT CD/DESC:

ACTIVE SVC: 000000

CONSTRUCTIVE SVC: 0

INACTIVE SVC: 000000

RETIREMENT PAY MULT SVC:

TOTAL ACT CONSEC SVC: 0

CAREER SVC PAY: 0

TOTAL CONSEC SVC: 0

INACDU POINTS:

TOTAL SVC: 0

INACDU POINTS EQ: 000000

TOTAL QUAL SVC: 2-05-28

PLAN RETIREMENT REQ:

MAND REMOVAL DATE:

TOTAL RETIREMENT POINTS: 400

ANNIV DATE: 20130608

TOTAL QUAL SERVICE: 2-05-28

DATE ELIG TO RET:

TOTAL SATISFACTORY YEARS: 2

CRCR CERT DATE: 201105

RCSBP DATE:

COMBAT SERVICE CODE: 0

RCSBP OPTION

COMBAT DSBL

RCSBP TYPE CVG

LAST COMBAT TOUR

RCSBP LEVEL

HEROISM: 0

RCSBP AMT CVG: 0

INDIVIDUAL SEPARATION INFORMATION

2 OF 7

SSN: 0594961068

NAME: DUNN, DANIEL A.

PRES-GRADE: E3

DATE: 20130314

HOME OF RECORD STATE: DENTON TX

COUNTRY OF ORIGIN: US

RELIGION: 13 CHRISTIAN - NO DENOMINATIONAL PREFERENCE

PHONE: 214-850-3866

STREET ADDRESS: 3703 30TH APT A

CITY: LUBBOCK

STATE: TX

ZIP CODE: 794100000

ACTIVE DUTY MGIB STATUS:

PMOS: 6531

ADMOS1:

JMOS:

ADMOS2:

JMOS DATE:

ADMOS3:

ADMOS4:

| | PROFICENCY | CONDUCT |
|------------------------------|------------|---------|
| AVERAGE MARKS IN GRADE: | 3.6 | 3.6 |
| AVERAGE MARKS IN SERVICE: | 3.9 | 4.0 |
| AVERAGE MARKS IN ENLISTMENT: | 3.9 | 4.0 |

| SEQ | EFF DATE | TERM DATE | TIME LOST NR DAYS | REASON | CMP CDE |
|-------|----------|-----------|----------------------|--------|---------|
| 00001 | | | 0 | | |

INDIVIDUAL SEPARATION INFORMATION

3 OF 7

SSN: 0594961068

NAME: DUNN, DANIEL A.

PRES-GRADE: E3

DATE: 20130314

RIFLE QUAL DATE: 20100827

PISTOL QUAL DATE: 000000

RIFLE SCORE: 315

PISTOL SCORE:

RIFLE CLASS: E

PISTOL CLASS:

EXPERT RIFLE QUAL: 1

EXPERT PISTOL QUAL: 0

SECRTY COMP:

SECURITY ELIGIBILITY:

SECRTY ELIG:

CODE:

DATE:

CODE

COMPL DATE

RECERT DATE

DESC

MMB

20100915

TAN BELT

CLAS/ASGN TEST-TYPE:

ASVAB TEST

DATE: 20100301 GT/GCT: 0

AFQT: 88

RV: 0

GT: 129

AR: 0

MM: 124

AC: 0

EL: 122

PA: 0

CL: 117

DLAB SCORE: 0

DATE:

CODE

SCHOOLS/SPECIAL SKILLS

ST

DATE

M92

MARINE COMBAT TRAINING

PA

2010

808

RECRUIT TRAINING, MALE

PA

2010

G3L

AIRCRAFT ORDNANCE TECHNICIAN

PA

2011

INDIVIDUAL SEPARATION INFORMATION

4 OF 7

SSN: 0594961068

NAME: DUNN, DANIEL A.

PRES-GRADE: E3

DATE: 20130314

| FROM | TO | COMBAT OP LOC | COMBAT OP DESC |
|------|----|---------------|----------------|
|------|----|---------------|----------------|

| FROM | TO | VESSEL NAME | NET SEA DAYS |
|------|----|-------------|--------------|
|------|----|-------------|--------------|

INDIVIDUAL SEPARATION INFORMATION

5 OF 7

SSN: 0594961068

NAME: DUNN, DANIEL A.

PRES-GRADE: E3

DATE: 20130314

AWARDS

| FROM | TO | TYPE | CODE | ENGLISH |
|----------|----------|------|------|--------------------------------|
| 20100712 | 20101008 | 2 | NN | NATIONAL DEFENSE SERVICE MEDAL |
| 20110415 | 20110417 | 4 | CE | CERTIFICATE OF APPRECIATION |
| 20111210 | 20111210 | 4 | CE | CERTIFICATE OF APPRECIATION |
| 20111211 | 20111211 | 4 | CE | CERTIFICATE OF APPRECIATION |

GOOD CONDUCT MEDAL DATE:

SMCR MEDAL DATE: 20100712

ARMED FORCES RESERVE MEDAL DATE: 2010-07-12

INDIVIDUAL SEPARATION INFORMATION

6 OF 7

SSN: 0594961068

NAME: DUNN, DANIEL A.

PRES-GRADE: E3

DATE: 20130314

VA CODE EFFECTIVE DATE

VA CODE EFFECTIVE DATE

VA CODE EFFECTIVE DATE

0

INDIVIDUAL SEPARATION INFORMATION

7 OF 7

SSN: 0594961068

NAME: DUNN, DANIEL A.

PRES-GRADE: E3

DATE: 20130314

| Unit Organization | Primary Duty | Remarks |
|---|--------------------------------------|---|
| D/S MT CO B(-) 6THMTBN 4TH MLG LUBBOCK 14652 | AIRCRAFT ORDNANCE TECHNICIAN 6531 | 20120723 JOIN RUC 14652 MCC SY4 DU |
| | MOTOR VEHICLE OPERATOR 3531 | 20120920 CHPRIDU |
| | MOTOR VECH OPR 3531 | 20120920 CHPRIDU |
| | | 20121205 DROP SPD HKQ1 C RE 04 ED 20121205 |

INDIVIDUAL SEPARATION INFORMATION

7 OF 7

SSN: 0594961068

NAME: DUNN, DANIEL A.

PRES-GRADE: E3

DATE: 20130314

RUC: 00000

COMPANY CODE:

RECSTAT: E

COMP CODE:

PLT CODE:

TRNGRP: A

R-RECSTAT: 9

RCOMP CODE: K4

| Unit Organization | Primary Duty | Remarks |
|---|--------------------------------------|--|
| RECRUIT PERSONNEL SUPPORT BN RTR SAN DIEGO 34022 | BASIC MARINE W/ENL GUARANTEE 8011 | 20100712 JOIN RUC 34022 MCC 017 RECRUIT 20101008 TR MCC J9Y DU EDA 20101019 |
| SCHOOL OF INFANTRY (STUD PERS) CAMP PENDLETON 33353 | | 20101020 JOIN RUC 33353 MCC J9Y GND ENTLEVEL STUD M92 20101116 TR MCC J9M DU EDA 20101117 |
| AVIATION A&C SCHOOL (STUD) PENSACOLA 06050 | | 20101119 JOIN RUC 06050 MCC J9M TEMINS AVNTRNG 20101122 CHPRIDU |
| | STUD | 20110128 TR MCC JAM TEM AVNTRNG EDA 20110129 |
| CTR NAVAL AVN TECH TRNG (CNATT) (STUD PERS) VIRGINIA BEACH 06116 | AIRCRAFT ORDNANCE TECHNICIAN 6531 | 20110130 JOIN RUC 06116 MCC JAM AVN ENTLEVEL STUD G3L 20110201 CHPRIDU |
| | STUDENT 6531 | 20110317 DROP SPD MBK2 H RE 1A ED 20110317 |
| VMFA-112 MAG-41 4THMAW FORT WORTH 01130 | AIRCRAFT ORDNANCE TECHNICIAN 6531 | 20110318 JOIN RUC 01130 MCC S3C DU FR IADT IDT REQ 48 |